

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		1		1		
5		4		1		
6						
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		4		1		
14		2		1		
15						
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		4		1		
21	1		1			
22		1		1		
23		1		1		
24						
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		7		1		
31		7		1		
32		1		1		
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			30			
TOTAL CLAIMS			33			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS